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OCT 19 2005

PTO/SB/07 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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In re: Snihari Kumar et al.

Case: P3937 Application No.: 09/698,708 Filing date: 10/27/2000

Art Unit: 3628 Examiner: Frantzy Poinvill

Subject: Interactive Activity Interface for Managing Personal Data and Performing Transactions over  
a Data Packet Network**Certificate of Transmission under 37 CFR 1.8**

Attention: Frantzy Poinvill, Examiner

Fax No.: (571) 273-8300

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CASE DOCKET NO. P3937

In reference to application of Srihari Kumar et al.

Serial No. 09/698,708

For Interactive Activity Interface for Managing Personal Data and Performing Transactions over a Data Packet Network

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

No additional fee is required.  
 Applicant claims Small entity status under 37 CFR 1.27.  
 The fee has been calculated as shown below.

***** CLAIMS AS AMENDED *****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	24	Minus	** 27	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

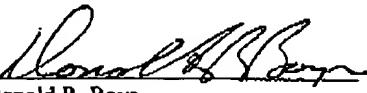
\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

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Respectfully Submitted,

  
 Donald R. Boys  
 Reg. No. 35074

 Central Coast Patent Agency, Inc.  
 P.O. Box 187  
 Aromas, CA 95004  
 (831) 726-1457

Method of Transmission: Facsimile

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Serial No. 09/698,708

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***** CLAIMS AS AMENDED *****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	24	Minus	** 27	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
	<input type="checkbox"/> First presentation of a multiple dependent claim				\$ 0	\$ 0	\$ 0.00
	<input type="checkbox"/> Terminal Disclaimer Fees						\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

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Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

## **Response D**